PTO/SB/17 (10-08)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).   FEE TRANSMITTAL For FY 2009	[ · · · · · ·	Complete If Known								
FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (9) 180.00 Attorney Docket No. 4600-0117PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (picaes sizanity):  X Deposit Account Pepper Account Name Director is hereby authorized to: (check all that apply)  X Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge (s) or underpayments of Charge fee(s) indicated below Account Name Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Received Interest Small Entity  For the above identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Received Interest Small Entity  For the above identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee (s) Fee (s	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				1					
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METHOD OF PAYMENT (check all that apply)	For FY 2009						C. A. Paden			
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1781			
Check Credit Card Money Order None Other (please identify):    X   Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 180.00			:	Attorney Docket No. 4		4600-0117PUS1			
X   Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Charge fee(s) indicated below, except for the filling fee     X   Credit any overpayments     X   Cr										
Charge fee(s) indicated below   Charge fee(s) Indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit   X   Credit any overpayments   Credit   X   Credit any overpayments   Credit   X   Credit   X   Credit   X   Credit   X   Credit   X   Credit   X   Credit   Credit   X   Credit   Cre	For the above-ide	ntified deposit a	account, the Dir	ector is	hereby authorize	d to: (che	ck all that apply)			
FEE CALCULATION	x Charge fee(s	s) indicated bel	ow		Charge	e fee(s) in	dicated below, ex	cept for th	e filing fee	
SEARCH FEES   SEARCH FEES   SMAIL Entity   Small	X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
Filling FEES   Small Entity   Fee (\$)   Fee										
Application Type										
Application Type				SEA		EXAMI				
Utility	Application Type			Fee (\$1		Fee (\$)		Fees F	ald (\$)	
Design			***********					*	111	
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Provisional 220 110 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Reissue						325			
2. EXCESS CLAIM FEES  Fee (\$)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claims  B  -20 or HP  x = HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.32(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shoots Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Registration No. (			110	0		0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims		,			-				Small Entity	
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  B  -20 or HP  x  =  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  A - 4 or HP =	Fee Description									
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Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  8 -20 or HP x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  3 -4 or HP = X  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signalure Registration No. (AttornsylAgent) 28,977 Telephone (858) 792-8855										
Registration No.   Registratio	· · ·	n		rutul. B						
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	00			F6	· · · · · · · · · · · · · · · · · · ·					
3 - 4 or HP =   x   =    HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shoots	1 <u>1 (4)</u>									
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature  Registration No. (Attorney/Agent) 28,977 Telephone (858) 792-8855										
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Signature Registration No. (858) 792-8855  Name (Print/Type) Gerard M. Murphy, Jr.  Registration No. (858) 792-8855  May 11, 2011	SUBMITTED BY									
Name (Print/Typey Gerard M. Murphy, Jr. Date May 11, 2011	Signature	The same of the sa	47,604			28,977	Telephone	(858) 79	(858) 792-8855	
AN I L	Name (PrinVType) Gerald	M. Murphy, Jr	•				Date	May 11,	2011	